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DATE: 5 December 2002
TO: Group Art Unit 2622
United States Patent & Trademark Office
RE: U.S. Application Serial No. 10/047,505
FAX: (703) 308-5397
FROM: James Trosino
PAGES: 3

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Attorney Docket Number EFIM0305

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Puneet Goel et al.
Serial No. : 10/047,505
Filed : 26-Oct-2001
For : PROCESS AND SYSTEM FOR
: MIXED PAGE IMPOSITION
Group Art Unit : 2622
Examiner : Unassigned

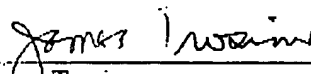
REQUEST TO CHANGE ATTORNEY DOCKET NUMBER

Hon. Assistant Commissioner for Patents
Washington, DC 20231

Sir:

Please change the attorney docket number to: EFIM0305, that is "EFIM" (all letters) and 0305 (all numbers).

Respectfully submitted,


James Trosino
Registration No. 39,862
Attorney for Applicant

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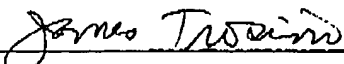
PTO/SB/21 (08-00)

Approved for use through 10/31/2002 OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10 / 047,505	
	Filing Date	26-Oct-2001	
	First Named Inventor	Puneet Goel	
	Group Art Unit	2622	
	Examiner Name	Unassigned	
Total Number of Pages in This Submission	2	Attorney Docket Number	EFIM0305

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Request to Change Attorney Docket Number
Remarks		

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Firm or Individual name	James Trosino
Signature	
Date	05-Dec-2002

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